S&H Form: (10/03)

REPLY/AMENDMENT FEE TRANSMITTAL		Attorney Docket No.	826.1590
		Application Number	09/503,205
		Filing Date	February 14, 2000
		First Named Inventor	Jun KOGURE
		Group Art Unit	2135
AMOUNT ENCLOSED	720.00	Examiner Name	Kilmach, Paula W.

FEE CALCULATION (fees effective 10/01/03)

CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	19	- 20 =	0	X $ 50.00 =	$ 0.00
INDEPENDENT CLAIMS	6	- 6 =	0	X $ 200.00 =	0.00

Since an Official Action set an <u>original</u> due date of <u>November 12, 2004</u>, petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month ($120)); (2 months ($450)); (3 months ($1,020)); (4 months ($1,590)); (5 months ($2,160);	$120.00
If Notice of Appeal is enclosed, add ($500.00)	
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee ($130.00)	
Information Disclosure Statement (Rule 1.17(p)) ($180.00)	
Total of above Calculations =	$ 120.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)	
TOTAL FEES DUE =	$ 120.00

(1) If entry (1) is less than entry (2), entry (3) is "0".

(2) If entry (2) is less than 20, change entry (2) to "20".

(4) If entry (4) is less than entry (5), entry (5) is "0".

(5) If entry (5) is less than 3, change entry (5) to "3".

METHOD OF PAYMENT

☐ Check enclosed as payment.

☒ Charge "TOTAL FEES DUE" to the Deposit Account No. below.

☐ No payment is enclosed and no charges to the Deposit Account are authorized at this time (unless specifically required to obtain a filing date).
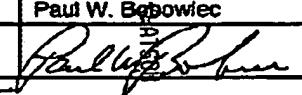
GENERAL AUTHORIZATION

☒ If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to:

Deposit Account No.	19-3935
Deposit Account Name	STAAS & HALSEY LLP

☒ The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.

SUBMITTED BY: STAAS & HALSEY LLP

Typed Name	Paul W. Bobowiec	Reg. No.	47,431
Signature			

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number
9/503 205

CLAIMS AS FILED - PART I

FOR	NUMBER FILED (Column 1)	NUMBER EXTRA (Column 2)
BASIC FEE		
TOTAL CLAIMS	10 minus 20=	*
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
	345.00	OR		690.00
X$ 9=		OR	X$18=	
X39=		OR	X78=	78
+130=		OR	+260=	
TOTAL		OR	TOTAL	768

CLAIMS AS AMENDED - PART II

AMENDMENT A

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
Total	14	Minus	** 10	= 2
Independent	6	Minus	*** 4	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	86	172
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	172

172 pa

AMENDMENT B

12/13/04

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
Total	19	Minus	** 20	=
Independent	6	Minus	*** 6	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.